

| CLAIMS ONLY | | | | | | Application Number 101783407 | Filing Date | | |
|---------------------------------------------------|----------|--------|-----------------------|--------|------------------------|---------------------------------|-------------|---|---|
| | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * |
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| Total Indep | | | | / | | | | | |
| Total Depend | 15 | | | 15 | | | | | |
| Total Claims | 16 | | | 14 | | | | | |